

4. Assure services are provided by appropriate Medicaid enrolled providers for the correction or amelioration of conditions identified through an EPSDT screen. The services authorized will be determined by the Medical Necessity of the services and the limitations of the EPSDT program as defined by the Medicaid Manual. No service may be prior authorized that has been determined to be unsafe, ineffective or experimental.
5. Assure only qualified, Medicaid enrolled providers are prior authorized to provide services.
6. Assist in establishing Medicaid programs in as many school sites as possible, to increase the availability of services to children with disabilities.

### III. RESPECTIVE RESPONSIBILITIES

#### The Department of Social Services agrees to:

1. Reimburse the DMH the Title XIX federal share of actual and reasonable costs for EPSDT administration provided by the DMH staff and DMS staff positions and contract employees funded by DMH, based upon a time-accounting system which is in accordance with the provisions of OMB circular A87 and 45 CFR part 74 and 95. EPSDT administration costs include expense and equipment costs necessary to collect data, disseminate information, and carry out all the DMH staff functions outlined in this agreement. Also included are EPSDT research services and actual and reasonable EDP costs incurred for the provision of data necessary for the coordination, identification and effective case planning for the target population.

The rate of reimbursement for eligible administrative costs will be 50%, if claimed in accordance with the provision of 42 CFR 432. The rate of reimbursement for eligible costs qualifying under regulations applicable to Skilled Professional Medical Personnel and their supporting staff (compensation, travel and training), will be reimbursed at 75% when qualified under 42 CFR 432. Changes in federal regulations affecting the matching percentage, and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.

Reimbursement of the federal share shall be provided upon receipt of quarterly financial statement certified by the Department of Mental Health for eligible claims prepared in accordance with applicable federal regulations.

2. Provide the DMH access to information necessary to provide proper EPSDT administration.
3. Meet and consult on a regular basis, at least annually, with DMH on issues related to this agreement.
4. Participate in linkage of data systems for coordination, identification and effective case planning for the target population. The goal of this linkage is to monitor utilization, access and evaluation of program integrity.

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5. Participate in Medicaid related training that may be deemed necessary by the Director(s) of the DSS and/or the DMH.
6. Conduct fair hearings as required by 42 CFR 431 subpart E through the Department of Social services, Division of Legal Services, when requested by recipients who have been denied EPSDT program services. The hearings officer shall make available to them information and/or testimony supplied by the Department of Mental Health including clinical facts related to determining the client's eligibility for the EPSDT program services.
7. Select, manage and direct the work of FTEs and contracted employee funded by DMH. The tasks assigned to the FTEs will be the implementation and operation of statewide EPSDT service program, as outlined in this agreement. One FTE will be located in the Provider Enrollment Unit to assist in enrollment of DMH providers. Contract employees shall enter into a contract with DMH.

The Department of Mental Health agrees to:

1. Maintain appropriate professional, technical and clerical staff to provide EPSDT administration activities described in this agreement.
2. Account for the activities of staff, for which reimbursement is requested under this agreement in accordance with approved cost allocation plans (DMH Central Office and Regional Centers) and the provisions of OMB circular A87 and 45 CFR part 74 and 95.
3. Participate in linkage of data systems for coordination identification and effective case planning for the target population. The goal of this linkage is to monitor utilization, access and evaluation of program integrity.
4. Provide EPSDT administration as an agent for the Department of Social Services to assess the necessity and adequacy of medical care and services provided, and to act as liaison with multiple disciplines on the medical aspects of the program. Activities may include:
  - A. Outreach Activities: Assist in identifying possible Medicaid eligibles and referring them to the Division of Family Services for eligibility determination.
  - B. Service Coordination: Assist clients/families in establishing a medical care home as defined in Section 9 of the general chapter of the Missouri State Medicaid Manual, and making appointments for;
    1. Appropriate primary care and screening services.
    2. Evaluations and treatment services identified as medically necessary.

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- C. **Service (Case) Planning:** Includes the development of interdisciplinary/multidisciplinary teams and plan for coordination of medical services required for the child.
- D. **Service Identification:** Includes following evaluations and case planning when there is a need for the identification of the kind, amount, intensity and duration of the needed service goals.
- E. **Prior Authorization:** Includes the prior authorization of medically necessary HCY Psychology/Counseling Program services for employees of the Department of Mental Health authorized agents.
- F. **Service Monitoring:** Includes reviewing the service plan but is not limited to the review of the provider's documentation of the client's progress at the time of the Service Plan Review. Other activities associated with this component are found in previous paragraphs concerning service coordination, planning and identification.
- G. **Case Closure, Referral, and Realignment of Service Plan:** These services include the assurances:
  - 1. The DMH will act as a liaison in the due process for the recipient and his/her family, and
  - 2. the child will be maintained by a primary health care provider who will aid the family/child in accessing services if further need for evaluation or treatment services are identified.
- 5. Provide as requested by the State Medicaid Agency the information necessary to request Federal funds available under the State Medicaid match rate. Submit detailed billings and use Standard Form 269 in addition to the billings for the necessary certification by the Executive Officer of the Department of Mental Health.
- 6. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds which are deferred and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of DMH.
- 7. Participate in Medicaid related training that may be deemed necessary by the Director(s) of the DSS and/or the DMH.
- 8. Maintain the confidentiality of client records and eligibility information received from the DSS and use that information only in the administrative, technical assistance, and coordination and quality assurance activities authorized under this agreement.
- 9. Meet and consult on a regular basis, at least annually, with DSS on issues arising out of this agreement.

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10. Conduct all activities recognizing the single state Medicaid agency, as administrator of the state Medicaid Plan, has the authority to issue policies, rules and regulations on program matters.
11. Annually consider funding one or more FTEs on site and under the direct supervision of the Division of Medical Services from the DMH EPSDT core appropriation. Objectives of work assignments for such FTEs will be the implementation and operation of statewide EPSDT service programs. One FTE will be located in the Provider Enrollment Unit to assist in enrollment of DMH providers. Specific funding amounts per FTE (which may include salary and E&E) will be authorized annually by letter from DMH to DSS.
12. Provide funds and contracting authority for a ~~two-year~~ <sup>11/1/94 - 12/31/94</sup> period for a contracted employee to be assigned specific program duties benefiting DMH clients. The contract will be administered by DMS staff.

#### IV. PROGRAM DESCRIPTION

Accessing the least restrictive method of treatment for children is the priority of the EPSDT program. This priority must be maintained through administration of the EPSDT program.

EPSDT administration is the efficient operation of the state plan in activities which include:

1. Aiding potential EPSDT eligible recipients to gain eligibility and access screening services;
2. Following-up on referrals to additional medical providers;
3. Establishing a health care home;
4. Developing a service plan;
5. Following through on treatment plans; and
6. Aiding families in becoming capable of meeting their child's needs in such a way the child is able to function at an optimal level with less intervention.

#### V. PROGRAM EVALUATION PLAN

A task force consisting of the Directors of the respective departments, or their designees, and an equal number of other persons from their respective divisions chosen by the Directors shall meet at least annually for the purpose of program development, review, and evaluation to discuss problems and to develop recommendations to improve programs for better and expanded services to eligible individuals. These activities shall include consideration of:

1. The evaluation of policies, duties and responsibilities of each agency.

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2. Arrangements for periodic review of the agreements and for joint planning for changes in the agreements.
3. Arrangements for continuous liaison between the Divisions and Departments and designated staff responsibility for liaison activities at both the state and local levels.

#### VI. TERMS OF THIS AGREEMENT

The effective date of this agreement is July 1, 1994. This agreement may be modified at any time by the written agreement of all parties and may be canceled by either party with thirty (30) days prior notice in writing to the other party, provided, however, that reimbursement shall be made for the period when the contract is in full force and effective.

  
\_\_\_\_\_  
Joann Leykam  
Acting Director, DMH

11/21/94  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Gary J. Stangler  
Director, DSS

12/2/94  
\_\_\_\_\_  
Date

State Plan TN # 94-39  
Supersedes TN # 92-3

Effective Date 7-1-94  
Approval Date MAR 20 1995

**COOPERATIVE AGREEMENT**  
between the  
**MISSOURI DEPARTMENT OF SOCIAL SERVICES**  
and the  
**MISSOURI DEPARTMENT OF MENTAL HEALTH**  
relating to  
**TARGETED CASE MANAGEMENT FOR SED (SEVERELY EMOTIONALLY  
DISTURBED) CHILDREN**

**I. STATEMENT OF PURPOSE**

The Agreement which is set out in this document is a cooperative and mutual understanding between the Missouri Department of Social Services, Division of Medical Services (DSS/DMS) and the Missouri Department of Mental Health (DMH). DSS is the designated single state agency for administration of the Title XIX (Medicaid) program in Missouri and DMS is the division within DSS which directly manages Medicaid program operations. DMH is the statutorily authorized agency with responsibility for the provision of services to persons with serious mental illness.

This Agreement is entered into for the purpose of efficiently and effectively carrying out the implementation and administration of Medicaid Targeted Case Management services for children with severe emotional disturbance, henceforth referred to as the case management program. The Department of Social Services, Division of Medical Services recognizes the unique expertise of DMH related to the administration of services for children with severe emotional disturbance and, in order to take advantage of this expertise, enters into this cooperative agreement with DMH.

**II. MUTUAL OBJECTIVES**

To assure that the recipients of service under the case management program are afforded services of sufficient quality and quantity to achieve the greatest possible adjustment and functioning within their families and communities and to reduce or prevent their need for institutionalization.

Further, to assure that services provided under the case management program, while concordant with the aims stated above, are provided in an efficient and cost effective manner, and in accordance with the standards, policies and procedures of the program.

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### III. RESPECTIVE DUTIES

#### **A. Department of Social Services**

The Department of Social Services shall:

1. Reimburse DMH the Title XIX federal share of actual and reasonable costs for administration provided by DMH staff based on a time-accounting system which is in accordance with the provisions of OMB circular A87 and 45 CFR parts 74 and 95. Administrative costs include expense and equipment costs necessary to collect data, disseminate information, and carry out all DMH staff functions outlined in this agreement.

The rate of reimbursement for eligible administrative costs will be 50%, if claimed in accordance with the provisions of 42 CFR 432. The rate of reimbursement for eligible costs qualifying under regulations applicable to Skilled Professional Medical Personnel and their supporting staff (compensation, travel and training), will be reimbursed at 75% when qualified under 42 CFR 432. Changes in federal regulations affecting the matching percentage, and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.

Reimbursement of the federal share shall be provided upon receipt of quarterly financial statements certified by the Department of Mental Health for eligible claims prepared in accordance with applicable federal regulations.

2. Participate in Medicaid related training that may be deemed necessary by the Director(s) of DSS and DMH for the execution of the provisions of this agreement.
3. Determine recipients' eligibility for Medicaid.
4. Reimburse enrolled providers for casemanagement services provided to eligible clients.
5. Review reports of provider non-compliance from DMH and jointly pursue any sanction or other action necessary and appropriate to remedy the non-compliance.

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6. Prepare, print and mail materials regarding services for Targeted Case Management for SED (Severely Emotionally Disturbed) Children (TCM SED) to TCM SED providers. This includes manuals and bulletins. Assist DMH in reviewing any materials or reports to be published by DMH regarding TCM SED services. All such materials published by DMH as may affect compliance with Title XIX rules shall be subject to DSS/DMH review and approval prior to distribution.
7. Approve the audit procedures and criteria to be used by the Department of Mental Health in its monitoring and review of providers to ensure the quality and adequacy of services.

B. Department of Mental Health

The Department of Mental Health (DMH), recognizing the authority of the Department of Social Services (DSS) to determine, and to approve or disapprove the issuance of, policies and regulations regarding the Medicaid program, shall:

1. Maintain appropriate professional, technical and clerical staff to provide necessary administrative activities as described in this document.
2. Develop standards and procedures for provider enrollment, service delivery, documentation and monitoring.
3. Analyze and plan for the impact of proposed or enacted federal or state regulatory or statutory changes on the case management program.
4. Conduct provider relations activities necessary for the efficient administration of the case management program.
5. Review and provide input and assistance to DMS in the preparation of all Targeted Case Management for SED (Severely Emotionally Disturbed) Children (TCM SED) provider manuals and bulletins to be published by DMS and provided to Medicaid enrolled TCM SED providers. Provide DMS with written information regarding any regulatory or programmatic changes in TCM SED services and/or providers for publication in Medicaid provider bulletins and provider manuals.

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6. Conduct periodic monitoring and review of providers and clients to ensure the quality and adequacy of services provided and overall compliance with standards. A copy of the review will be sent to the Department of Social Services, Division of Medical Services.
7. Audit providers for fiscal and procedural compliance with law and regulation, and with the conditions of participation imposed by both DMH and DSS.
8. Report instances of provider non-compliance to DSS and jointly pursue any action necessary and appropriate to remedy the non-compliance.
9. Participate in Medicaid related training that may be deemed necessary by the Director(s) of DSS and/or DMH.
10. Prepare annual budget requests for appropriations and transfer to DSS the necessary state match amounts for services reimbursed under the case management program to non-state operated providers.
11. Propose rates for case management services to DSS, based on the rates determined adequate by DMH for the purchase of similar services for non-Medicaid eligible clients.
12. Account for the activities of staff, for which reimbursement is requested under this agreement in accordance with approved cost allocation plans (DMH Central Office) and the provisions of OMB circular A87 and 45 CFR parts 74 and 95.
13. Provide as requested by DSS the information necessary to request FFP. Requests for FFP will be submitted on the standard form 269 together with a detailed billing for administrative funds requested. These documents will be certified by the Executive Officer of the Department of Mental Health.
14. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement, unless the disallowance or penalty is the result of DMS failure to submit, in a proper format and/or a timely manner, amendments to the Medicaid State Plan proposed by DMH required for the administration of the casemanagement program. Timeliness will be measured based on the complexity of the issue(s) involved and whether the proposed state plan amendment can be processed without obtaining additional information from DMH. DMH will provide DMS all information required to submit a state plan amendment at least 15 working days before the amendment must be submitted to HCFA.

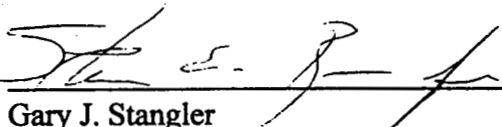
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15. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the activities authorized under this agreement.

#### IV. TERMS OF THIS AGREEMENT

The effective date of this agreement is April 1, 1994. This agreement may be modified at any time by the written agreement of all parties and may be canceled by either party with thirty (30) days prior notice in writing to the other party, provided, however, that reimbursement shall be made for the period when the contract is in full force and effective.

  
\_\_\_\_\_  
Gary J. Stangler  
Director, Department of Social Services

12/02/1994

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Joann Leykam  
Acting Director, Department of Mental Health

11/10/94

\_\_\_\_\_  
Date

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Effective Date 4-1-94  
Approval Date MAR 20 1995